



SUBSTITUTE W-4D
Discontinue Federal Income Tax Withholding

IN-HOME DOMESTIC CARE SEIU LOCAL 775 MEMBERS

Send this form to the Department of Social and Health Services (DSHS); do not send to the Internal Revenue Service (IRS).

DSHS
SSPS Provider File Unit – Section Two
PO Box 45346
Olympia WA 98504-5346

Use this form if you want DSHS to stop withholding federal income tax from your service payments. You must have previously filed an IRS Form W-4 with DSHS.

To stop having federal income tax withheld from your payments, you must:

1. Complete this form with your **name, address, and Social Security Number**.
2. Sign the form.
3. Mail to the address above.

YOUR NAME MUST BE EXACTLY AS SHOWN ON YOUR SOCIAL SECURITY CARD.

FIRST

MIDDLE

LAST

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

DSHS PROVIDER NUMBER (THIS IS A SIX DIGIT NUMBER)

I am directing DSHS to stop withholding federal income tax from my payments. I understand that this directive will stay in effect until a new IRS Form W-4 is submitted.

Under penalties of perjury I certify that my name and Social Security Number are accurate.

Signature _____ Date: _____

This form will be returned if we cannot read it or if it is not signed.